cases hitherto published by Weiss, Thomsen, Remak, and others. The case which he has himself so carefully described, occurred in a young man, age not given, who had complete paralysis of all the branches of the right third nerve, with vision in the right eye of $\frac{4}{\text{VI}}$ and a hypmetropia of D. 0.25; the left eye being normal in all its functions. There was very marked limitation of accommodation and a boring pain in the orbit behind the eye. He had suffered from right hemicrania or migraine from his earliest childhood, but the first occurrence of the paralysis was in his fourteenth year, following a severe attack of hemicrania. Since then the paralysis has occurred at intervals of four or six weeks, and was always preceded by the hemicrania, which grew less and gradually disappeared after the occurrence of the paralysis. The duration of the latter varied from a day to several weeks. There was never any disturbance in the other motor or sensory nerves. In the intervals of the paralysis there remained a somewhat dilated pupil and a slight divergence of the eye. The patient was otherwise perfectly healthy, and had always been so. Abuse of alcoholics always brought on the paralysis. The case in some respects resembled one of migraine, but, on closer examination, it will be seen that each attack was simply an exacerbation of an existing diseased condition, due either to a local extension of the focus of disease, or to an increase in the degree of paralysis from compression of the nerve-fibres. Accompanying the lesion there might be either a transient cerebral hyperæmia or cerebral anæmia. If the paralysis be of central origin, we must locate the lesion in that region of the brain in which the nuclei of origin of the branches of the third nerve are found, stretching from the third ventricle backward through the aqueduct of Sylvius; a so-called nuclear paralysis. If the paralysis be peripheral, we must search for the focus of disease somewhere in the nerve-trunk between its point of exit at the anterior border of the pons and its entrance into the wall of the cavernous sinus. The unilateral character points to a peripheral origin of the disease. Our knowledge of the anatomical changes in recurrent paralysis of the oculomotorius also points to a peripheral origin, a disease of the nerve-trunk itself. No positive opinion can be formed as to the location of the lesion in these cases, but an additional point in favor of the peripheral origin of the disease lies in the fact that no one has as yet furnished proof of the existence of an intracerebral lesion as the cause of an isolated paralysis of a single branch of the third nerve on one side.

A Case of Abscess of the Orbit; Total Blindness; Atrophy of the Disk and Obliteration of the Retinal Vessels, following an Unsuccessful Attempt to Extract the Upper Canine Tooth.

Burnett reports (*Arch. of Ophthal.*, xiv. 2 and 3) an interesting case of great swelling of the eyelids and face, following an unsuccessful attempt to extract the upper canine tooth, in a negro, aged 35. Burnett saw the case four months later, when the eye was in proper position and its motility perfect. There was a depression at the outer part of the lower orbital ridge, extending four-fifths of an inch downward into the cheek, caused by exfoliation of bone. There had undoubtedly been an abscess of the maxillary antrum, caused by a fracture of its walls from the forcible but unsuccessful attempt to extract a tooth, which led to the inflammation in the orbit. Further evidence of this was the destruction of a part of the superior maxillary bone at the lower edge of the orbit.

CONTRIBUTION TO THE KNOWLEDGE OF THE RETROBULBAR PROPAGATION OF CHOROIDAL SARCOMATA, AND TO THE QUESTION OF THE COURSE OF THE NERVE-FIBRES IN THE REGION OF THE OPTIC NERVES.

JATZOW'S paper (*Arch. f. Ophthal.*, xxxi. 2) is a long and interesting contribution to our knowledge of a subject which is even now a moot point in the minds of some ophthalmologists. As a result of his examination of patients and his microscopical investigations of cases of choroidal sarcoma, it is his belief that in every case of tumor of the optic nerve and of choroidal tumor, a careful examination should be made of the field of vision of the sound eye. He is convinced that the existence of a defect in the temporal half of the field of vision, which has begun in the infero-temporal quadrant, is pathognomonic of an extension of the neoplasm from the optic nerve-fibres to the chiasm. He thinks that the uncrossed bundle of nerve-fibres occupies the lateral or outer half of the optic nerve immediately behind the chiasm. In his opinion, the fibres destined for the temporal half of the macula must occupy the temporal half of the optic nucleus, while the fibres destined for the inner half of the macula must occupy the inner half of the optic nucleus, and that the fibres destined for the outer and inner parts of the periphery of the retina must occupy the respectively corresponding parts of the transverse section of the optic nerve. The paper is a complex one, but will repay careful reading.

MICROCHEMICAL INVESTIGATIONS INTO THE ORIGIN OF THE PIGMENT IN THE MELANOTIC TUMORS OF THE EYE.

VOSSIUS (*Arch. f. Ophthal.*, xxxi. 2) has undertaken to solve the question whether the pigment of melanotic tumors comes directly from the coloring matter of the red blood-corpuscles, or whether it is produced by a metabolic activity of the tumor-cells from the blood-plasma circulating in the tissue. He employed both Perls's and Quincke's method of investigation, and used also the method of coloring with eosine recommended by Merkel. The result of his investigations convinced him that the greater part at least of the pigment of melanotic sarcomata comes from the red blood-corpuscles.

GOUTY AFFECTIONS OF THE EYE.

LYCHON (*Recueil d'ophthal.*, September, 1885) sums up his conclusions in regard to the effect of the gouty diathesis on the eye as follows: 1. Gout produces in the skin and conjunctiva of the eyelids a dry eczema, lithiasis, and a peculiar form of conjunctivitis. 2. It produces in the cornea a calcareous degeneration of the epithelium. 3. It causes simple and complex inflammation of the sclerotic. 4. It causes iritis and irido-choroiditis of a special character. 5. It has a marked tendency to produce hemorrhagic glaucoma. 6. It causes characteristic exudations in the retina. 7. It gives rise to sclerosis of the lens. 8. It gives rise to thrombosis of the intracranial and intraocular vessels, and consequent partial or total hemianopsia, or a more or less complete blindness.